

## CVFT Illness Policy

The well-being of our community is a priority for Chaska Valley Family Theatre (CVFT). Our policy for exclusion due to illness follows information from the CDC and MN Department of Health, and is aligned with the policies held by Eastern Carver County Schools (the main facilities where we operate). The Chaska Valley Family Theatre Board of Directors reserves the right to change this policy as needed.

All Cast, Crew, Pit Musicians:

- During the rehearsal process, if a participant in any capacity becomes ill and is unable to participate, they should stay home and notify the stage manager of their symptoms and/or contact the stage manager with questions.
- If you are experiencing a fever and/or flu-like symptoms including vomiting and diarrhea, you should remain home until you are symptom free and have gone 24 hours without the use of fever-reducing medications, anti-emetics, or anti-diarrheals
- If you have been exposed or are experiencing Covid-related symptoms, participants should stay home and are encouraged to seek testing at least 2 days after exposure. Participants may return to rehearsal with a negative test and improved symptoms.
- To prevent the spread of illness, the CVFT Board of Directors and/or the production team may require masks to be worn during rehearsals along with other measures to reduce the spread of germs. Hand sanitizer, clorox wipes, and masks will be available in the rehearsal and performance spaces.
- We recognize that during performances, cast members may desire to attend even if they are a little unwell. As long as cast members are able to participate and are not excludable per the above guidelines, they may perform. It is a cast member's personal responsibility to assess whether they feel well enough.
- A doctor's note allowing participation may be presented to the stage manager allowing the excluded person to rejoin the cast sooner than the existing policy permits.

I understand that these precautions are in place to keep me and our community safe. I will follow all instructions from the production team related to illness to the best of my ability. If I have a concern, I will address it with the stage manager.

Name: \_\_\_\_\_ Date: \_\_\_\_\_